## Case 19-16921-mdc Doc 64 Filed 02/23/21 Entered 02/23/21 15:36:55 Desc Main Document Page 1 of 3

	ill in this inform	otion to	alomtifu							
			dentify your case:		Hellend					
	Debtor 1	Kia First Name	R. Middle Name		Holland Last Name		——   Che	eck if this is:		
	Debtor 2	E. AN	ACT III AT				—   <sub>M</sub>	An amended filing		
	(Spouse, if filing)	First Name	Middle Name	CT.	Last Name	/ A N II A		A supplement showing postpetition		
	United States Bankr			51.	OF PENNSYL\	ANIA	-	chapter 13 income as of the following date:		
	Case number (if known)	<u>19-16921</u>	WDC13					MM / DD / YYYY		
Of	fficial Form 10	)6I						WINT DD / TTTT		
Sc	chedule I: Yo	ur Incor	ne					12/15		
res inc abo you	ponsible for supply lude information al out your spouse. If ur name and case n	ving correct bout your space more space	information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every q	mar ated para	ried and not filion and your spous te sheet to this	ng jointly e is not t	, and your filing with y	d Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write		
1.	Fill in your emplo information.	yment		Del	btor 1			Debtor 2 or non-filing spouse		
	If you have more the		Employment status	<u>50.</u>	Employed			☐ Employed		
	job, attach a separ with information at		Employment status	☐ Not employed				☐ Not employed		
	additional employe	ers.	Occupation	Pie	ece Worker			_		
	Include part-time, sor self-employed w		Employer's name	Alvah Bushnell Co.						
			Employer's name	<u> </u>	ran Busilien e			_		
	Occupation may include student or homemaker, if it applies.		Employer's address	Number Street				Number Street		
								-		
				Ph	iladelphia	PA	19114			
				City		State	Zip Code	City State Zip Code		
			How long employed th	nere?	22 Years		_			
Р	art 2: Give D	etails Ab	out Monthly Incom	е						
	timate monthly inco			n. If y	you have nothing	to report	for any line	e, write \$0 in the space. Include your		
			e more than one employe arate sheet to this form.	er, co	mbine the inform	ation for	all employe	ers for that person on the lines below. If		
						For D	ebtor 1	For Debtor 2 or non-filing spouse		
2.			alary, and commissions I monthly, calculate what			· <u> </u>	\$1,950.00	· ·		

Official Form 106l Schedule I: Your Income page 1

\$175.00

\$2,125.00

Estimate and list monthly overtime pay.

Calculate gross income. Add line 2 + line 3.

Debt	tor 1 Kia R. Holland		Case nu	mber (if know	n) <b>19-</b> 1	16921MDC13	
			For Debtor 1	For Debto		_	
	Copy line 4 here	<b>→</b> 4.	\$2,125.00				
	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$365.00				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	\$0.00				
	5f. Domestic support obligations	5f.	\$0.00				
	5g. Union dues	5g.	\$0.00				
	5h. Other deductions. Specify:	5h. <b>-</b>	\$0.00				
	dd the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + g + 5h$ .		\$365.00				
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4	ł. 7.	\$1,760.00				
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$176.00				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00				
	8e. Social Security	8e.	\$0.00				
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00				
	8g. Pension or retirement income	 8g.	\$0.00				
	8h. Other monthly income.						
	Specify: See continuation sheet	8h. 🚜	<b>\$864.00</b>				
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h	. 9.	\$1,040.00				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,800.00	+		= \$2,800.	.00
11. State all other regular contributions to the expenses that you list in Schedule J.							
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.							
	Do not include any amounts already included in lines 2-10 or amounts the		ot available to pay	expenses list			.00
	Specify:				11.	+	.00
	Add the amount in the last column of line 10 to the amount in line 1 income. Write that amount on the Summary of Your Assets and Liabilities is the applicant of the same of t	12.	\$2,800.	.00			
	if it applies.  Combined monthly incom  3. Do you expect an increase or decrease within the year after you file this form?						
	✓ No. None.						
	Yes. Explain:						

Debtor 1		Kia R. Holland	Case nui	19-16921MDC13		
8h.	Other I	Monthly Income (details)		For Debtor 1	For Debtor 2 non-filing sp	÷:
		es Stone		\$398.00		<u></u>
	Estima	ated Prorated IRS Refund		\$466.00		
			Totals:	\$864.00		